



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
3315 West Truman Blvd., P.O. Box 58
Jefferson City, MO 65102-0058
www.labor.mo.gov/DWC

1. INJURY NUMBER

REQUEST FOR MEDIATION

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Note: This form must be completed in its entirety and must be typed or hand printed in black ink.

Please submit this form to the appropriate adjudication office.

3. Employee	4. Address of Employee	2. Date of Injury
6. Attorney for Employee	7. Address of Employee's Attorney	5. Case Venue
9. Attorney for Employer/Insurer	10. Address of Employer/Insurer Attorney	8. Second Injury Fund Involved <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Insurance Company and/or Third Party Administrator	13. Address of Insurance Company or Third Party Administrator, if known	11. Name of Second Injury Fund Attorney
		14. Party Requesting the Mediation

15. Please briefly state your reason(s) for requesting the mediation:

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CERTIFICATE OF SERVICE

I, the undersigned, certify that a copy of this request has been mailed or hand-delivered to all attorneys and/or parties of record on this _____ day of _____, 20____.

Attorney's signature _____ Bar Number _____ Date _____

Attorney's Name (Printed) _____ Address _____ Telephone Number _____

_____	_____	_____
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An administrative law judge cannot act as an attorney for any party or give any specific legal advice to any party regarding the case. An administrative law judge shall approve a settlement agreement as long as:

- The settlement is not the result of undue influence or fraud;
- The employee fully understands his or her rights and benefits;
- The employee voluntarily agrees to accept the terms of the agreement; and
- The settlement is in accordance with the rights of the parties.

DIVISION USE ONLY

COMPLETED BY DIVISION OF WORKERS' COMPENSATION

Approved _____

Date _____

Please visit our website at www.labor.mo.gov/DWC if you have any questions about your rights or benefits under the Workers' Compensation Law. Keep a copy for your records.

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